

# 2016 Girls Clinic Basketball Registration Form



Clinic League: Grades 1 & 2 (Harrisonburg City Residents Only)

**Deadline: Friday Oct. 21, 2016 @ 5:00pm.**

Clinic sessions will be on Saturday mornings from 9:00am to approximately 10:00am beginning Oct. 29 and ending Dec. 3 (No clinic Nov. 26).

Please fill out the form and return it to: 305 South Dogwood Drive, Harrisonburg, VA 22801. Forms can also be faxed to (540) 433-9169.

Attn: Erik Dart

For more information please call (540) 433-9168.

Player's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

School \_\_\_\_\_

Family Email \_\_\_\_\_

1<sup>st</sup> Guardian Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2<sup>nd</sup> Guardian Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Name (other than someone above): \_\_\_\_\_ Phone: \_\_\_\_\_

Special Health Needs \_\_\_\_\_

## **Waiver Agreement**

I hereby certify that my child is in normal health and capable of safe participation in the 2016 Recreation Basketball Program. I assume all responsibilities in case of an accident at the facility. I hereby authorize the Harrisonburg Parks and Recreation to obtain medical treatment for my child in the event that parents and the emergency contact provided cannot be reached. I support the Harrisonburg Parks and Recreation's philosophy, which is based on participation, fun, physical fitness and health, skill development, teamwork, fair play and volunteer leadership.

Signature \_\_\_\_\_ Date \_\_\_\_\_